

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>69/3411,979</i>	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		1					52					
3		1-2					53					
4		2-1					54					
5		1(A)					55					
6		1(E)					56					
7		1(E)					57					
8		1(E)					58					
9		1(C)					59					
10		1(A)					60					
11	/						61					
12							62					
13							63					
14							64					
15							65					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	9						TOTAL DEP.					
TOTAL CLAIMS	11						TOTAL CLAIMS					

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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